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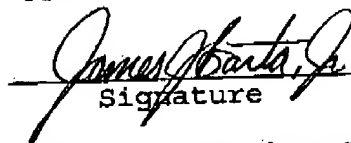
FACSIMILE TRANSMITTAL COVER SHEET

DATE: 06/27/2005 ATTORNEY DOCKET NUMBER: BELA 4280.1
PTO FACSIMILE NUMBER: (703) 872-9306PLEASE DELIVER THIS FACSIMILE TO: Examiner Sajeda Muhebbullah
THIS FACSIMILE IS BEING SENT BY: James J. Barta, Jr.
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CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to
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Date

Type of paper transmitted: Request for Continued ExaminationApplicant's Name: Cule et al.Serial No. (Control No.): 09/870,373 Examiner: S. MuhebbullahFiling Date: 05/30/2001 Art Unit: 2174 Confirmation No.: 7437Application Title: METHOD OF GRAPHICALLY INDICATING PATIENT
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JUN 28 2005

BELA 4280.1
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of Cule et al.

Art Unit 2174

Serial No. 09/870,373

Filed 05/30/2001

Confirmation No. 7437

For METHOD OF GRAPHICALLY INDICATING PATIENT INFORMATION

Examiner Sajeda Muhebbullah

June 27, 2005

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL

COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VIRGINIA 22313-1450

SIR:

This is a Request for Continued Examination (RCE) under 37
C.F.R. §1.114 of the above-identified application.

1. REQUIRED SUBMISSION:

- a. ☒ Previously submitted
- i. ☒ Consider the amendment(s)/reply under 37
 C.F.R. §1.116 previously filed on
 04/25/2005
- ii. ☐ Consider the arguments in the Appeal Brief or
 Reply Brief previously filed on _____
- iii. ☐ Other _____
- b. ☐ Enclosed
- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement
- iv. ☐ Other _____

2. MISCELLANEOUS

- a. ☐ Suspension of action on the above-identified
application is requested under 37 C.F.R. §1.103(c)
for a period of _____ months. (Period of
suspension shall not exceed 3 months; fee required)
- b. ☐ Other _____

06/29/2005 EFLORES 00000073 191345 09870373

01 FC:2801 395.00 DA

06/29/2005 EFLORES 00000073 191345 09870373

02 FC:2251 60.00 DA

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PATENT

3. FEES (Required when the RCE is filed)

a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 19-1345. A duplicate copy of this sheet is enclosed for fee processing.

- i. ☒ RCE fee required under 37 C.F.R. §1.17(e) \$395
- ii. ☒ Extension of time fee \$60
- iii. ☐ Other _____

b. ☐ Check in the amount of \$_____ is enclosed. The Commissioner is hereby authorized to charge any underpayment or credit any overpayment to Deposit Account No. 19-1345.

Respectfully submitted,



James J. Barta, Jr., Reg. No. 47,409
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JJB/cjl

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